

COMPARISON OF COVENTRY ADVANTRA HEALTH INSURANCE PLANS EFFECTIVE MAY 1, 2014 - PUBLISHED BY THE RETIREMENT DIVISION

<u>HEALTH INSURANCE COMPANY:</u>	<u>COVENTRY ADVANTRA HMO PLAN 2</u>	<u>COVENTRY ADVANTRA HMO PLAN 3</u>
	<b>In-Network</b>	<b>In-Network</b>
		<b>Out-of-Network</b>
		No coverage out-of-network.
<b>Deductible</b>	None	None
<b>Coinsurance %</b>	100% of Medicare allowed amounts	100% of Medicare alloweded amounts
<b>Out-of-Pocket Maximum</b>	\$2,000 for in-network medical benefits (prescription drugs excluded)	\$3,400 for in-network medical benefits (prescription drugs excluded).
<b>Lifetime Maximum Benefit</b>	No Limit	No Limit
<b><u>HOSPITAL COVERAGE</u></b>		
<b>Inpatient Room</b>	\$150/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	\$200/day Co-Pay for days 1-7 per admission; additional days covered at 100%. Unlimited number of days.
<b>Maternity</b>	\$150/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	\$200/day Co-Pay for days 1-7 per admission; additional days covered at 100%. Unlimited number of days.
<b>Mental Health (Inpatient)</b>	\$150/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	\$200/day Co-Pay for days 1-7 per admission; additional days covered at 100%. Unlimited number of days.
<b>Substance Abuse (Inpatient)</b>	\$150/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	\$200/day Co-Pay for days 1-7 per admission; additional days covered at 100%. Unlimited number of days.
<b>Out-Patient X-Ray &amp; Laboratory</b>	100% clinical/diagnostic lab services and Medicare-covered x-ray visit	100% clinical/diagnostic lab services and regular x-ray
<b>Out-Patient Surgery</b>	\$100 Co-Pay	\$225 Co-Pay
<b>Emergency Room</b>	\$50 Co-Pay for Medicare covered visit. (Waived if admitted to same hospital within 72 hours)	\$65 Co-Pay for Medicare covered visit. (Waived if admitted within 72 hours)
<b><u>DOCTOR/PCP COVERAGE</u></b>		
<b>Annual Wellness Visits &amp; Immunizations</b>	\$0 Co-Pay PCP for one routine physical per year. 100% immunizations.	\$0 Co-Pay PCP for one routine physical per year. 100% immunizations.
<b>Office (Illness/Injury)</b>	\$10 Co-Pay PCP, \$20 Co-Pay Specialist	\$5 Co-Pay PCP, \$30 Co-Pay Specialist
<b>Lab Tests &amp; X-Rays</b>	100% routine lab and x-ray \$0 Co-Pay for CAT scan, PET scan and MRI 0% Coinsurance for each Medicare covered radiation therapy service	100% routine lab and x-ray \$150 Co-Pay for CAT scan 20% coinsurance for PET scans, MRI, MRA and therapeutic radiology
<b>Allergy Treatment</b>	\$10 Co-Pay PCP, \$20 Co-Pay Specialist	\$5 Co-Pay PCP, \$30 Co-Pay Specialist
<b>Allergy Testing</b>	\$10 Co-Pay PCP, \$20 Co-Pay Specialist	\$5 Co-Pay PCP, \$30 Co-Pay Specialist
<b>Mental Health (Outpatient)</b>	\$20 Co-Pay individual visit, \$10 Co-Pay group session.	\$30 Co-Pay individual visit
<b>Substance Abuse (Outpatient)</b>	\$20 Co-Pay individual visit, \$10 Co-Pay group session.	\$30 Co-Pay individual visit
<b>Out of Hospital Prescriptions</b>	Up to 30 day supply at Participating Pharmacy and Non Participating Pharmacies. <b><u>Preferred:</u></b> \$10 Preferred Generic/\$10 Non-Preferred Generic/\$30 Preferred Brand/\$55 Non-Preferred Brand / 33% Specialty Drugs (Injectables)  <b><u>Non-Preferred:</u></b> \$13 Preferred Generic/\$33 Non-Preferred Generic/\$45 Preferred Brand/\$80 Non-Preferred Brand / 33% Specialty Drugs (Injectables)  <b><u>Pharmacy &amp; Mail Order</u></b> 90 day supply \$20/\$20/\$60/\$110.  Co-Pay plus the difference in cost between the Brand Name and the Generic when the Brand Name is purchased	Up to 30 day supply at Participating Pharmacy and Non Participating Pharmacies. <b><u>Preferred:</u></b> \$6 Preferred Generic/\$6 Non-Preferred Generic/\$45 Preferred Brand/\$80 Non-Preferred Brand / 33% Specialty Drugs (Injectables)  <b><u>Non-Preferred:</u></b> \$9 Preferred Generic/\$27 Non-Preferred Generic/\$65 Preferred Brand/\$92 Non-Preferred Brand / 33% Specialty Drugs (Injectables)  <b><u>Pharmacy &amp; Mail Order</u></b> 90 day supply \$18/\$18/\$135/\$240.  After total plan costs for Preferred Brand and Non-Preferred Generics & Brand paid by both you and your plan reach \$2,850, you have Preferred Generic drug coverage only until your plan year out of pocket costs reach \$4,550. After the \$2,850 limit is met you can use your Advantra ID card for a discount. After your plan year out-of-pocket drug costs reach \$4,550, you pay the greater of: \$2.55 for generic or brand name drugs treated as generic and \$6.35 for all other drugs, or 5% coinsurance, whichever is highest. (Preferred Generics do not count toward the \$2,850 or \$4,550 limits.) Co-Pay plus the difference in cost between the Brand Name and the Generic when the Brand Name is purchased. \$5 Co-Pay for one routine eye exam. \$30 Co-Pay for all other Medicare covered exams. \$0 CoPay for glaucoma screenings. \$125 coverage limit for non-Medicare covered eyewear per year. \$5 Co-Pay, one visit per calendar year. Not covered Designated Health Club Membership/Fitness Classes End of the calendar year in which eligible child reaches age 26 regardless of student status if covered on a City non-Medicare plan.
<b>Routine Eye Exam</b>	\$10 PCP Co-Pay or \$20 Specialist Co-Pay for one routine visit per calendar year. \$20 Co-Pay for each Medicare approved diagnostic exam. \$100 credit toward lenses and frames every 24 months or \$70 credit toward contact lenses every 24 months.	\$5 Co-Pay for one routine eye exam. \$30 Co-Pay for all other Medicare covered exams. \$0 CoPay for glaucoma screenings. \$125 coverage limit for non-Medicare covered eyewear per year.
<b>Routine Hearing Exam</b>	\$10 Co-Pay, one visit per calendar year.	\$5 Co-Pay, one visit per calendar year.
<b>Dental</b>	Not Covered.	Not covered
<b>SilverSneakers Fitness Benefit</b>	Designated Health Club Membership/Fitness Classes	Designated Health Club Membership/Fitness Classes
<b>Dependent Coverage</b>	End of the calendar year in which eligible child reaches age 26 regardless of student status if covered on a City non-Medicare plan.	End of the calendar year in which eligible child reaches age 26 regardless of student status if covered on a City non-Medicare plan.
<b>Maximum Age</b>		

THIS IS A GENERAL SUMMARY OF BENEFITS FOR REFERENCE ONLY. THE EVIDENCE OF COVERAGE FROM COVENTRY HEALTH CARE IS THE BINDING CONTRACT. CONTACT COVENTRY AT 1-800-727-9712 FOR MORE INFORMATION.